C3 Accounting Code: 8070

Quality	Assuran	ce Log) of			
for the ye	ar starting	,	,and e () (year)	nding		•
	(m	onth) (day	y) (year)	(mont	th) (day) (year)
Address to return	n card to:					
Address to return card to: (mailing address)		(city) (state)			(zip code)	
Event/Activity	Name of	Direct or	Documents	Date of	Hours	QA Units
Title:	Presenter:	Indirect:	Attached:	Event:	Attended:	Earned:
"Example Title"	John Doe	direct	yes	1-1-07	2:00- 4:00pm	2
Please submit re 201 N. Washing PLEA	enewal paperw gton Sq. Suite ASE CIRCLE C	ork with pay 150, Lansin <mark>ç</mark> CORRECT <i>A</i>	ment to: MCD0	C-DODHH, A A renewal f	Attention: MI fees are non	QA Fees, refundable.

Payment has been made online: yes no If yes, indicate payment date: _____